BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **JOHN P. WOHLER, M.D.** Holder of License No. **25661** For the Practice of Allopathic Medicine In the State of Arizona.	Board Case No. MD-06-0513B **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER** (Letter of Reprimand and Probation)

The Arizona Medical Board ("Board") considered this matter at its public meeting on May 18, 2007. John P. Wohler, M.D., ("Respondent") appeared before the Board with legal counsel Byrl R. Lane for a formal interview pursuant to the authority vested in the Board by A.R.S. § 32-1451(H). The Board voted to issue the following Findings of Fact, Conclusions of Law and Order after due consideration of the facts and law applicable to this matter.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of License No. 25661 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-06-0513B after receiving a complaint regarding Respondent's care and treatment of a forty-two year-old male patient ("RR"). RR, an incarcerated male, went through routine medical intake on October 21, 2005 without complaints of headache. RR first complained of headache on November 9, 2005 and five days later saw a physician ("Dr. V"). On this visit RR complained of headaches without vomiting, dizziness, or blurred vision. Dr. V diagnosed vascular headaches and prescribed mild pain relievers.

4. On November 26, 2005 RR complained that the treatment was not working. On December 12, 2005 RR again saw Dr. V who recorded a positive Romberg test and ordered CNS imaging. Dr. V told RR he was ordering the test on the possibility that RR had a brain tumor. On

December 20, 2005 at 10:00 a.m. RR complained of brain tumor causing a severe headache and left arm numbness. RR's blood pressure was elevated. RR underwent two EKGs and was treated with pain and blood pressure medication under Respondent's direction. Repeat blood pressures continued to be elevated. RR was returned to his cell. At 4:00 p.m. RR was found unresponsive. He was roused and had vomited. A licensed practical nurse performed an examination and found a constricted and unresponsive left pupil and sluggish right pupil. RR's blood pressure was still elevated.

5. Respondent was notified of RR's condition and came to examine him at 5:10 pm. Respondent noted sinus tenderness and thought RR's increased blood pressure was due to pain. At 10:00 p.m. another practitioner was notified of RR's persistent pain. RR's blood pressure remained elevated through the night and, at 5:10 a.m. the next morning, he was found unresponsive and pronounced dead at 5:18 a.m. December 21, 2005. The cause of death was cerebral edema due to gliomatosis cerebri leading to uncal herniation.

6. Respondent is a board-certified family practitioner who completed his residency training in the United States Army. Prior to joining the Arizona Department of Corrections Respondent spent most of his career in the Army providing clinical care and directing the Army's Physician Assistant Training Program in Houston, Texas. Respondent was ATLS and ACLS qualified and was responsible for training Army physicians in significant head trauma and trauma to other parts of the body. Respondent has been working at the Department of Corrections for seven years.

7. In the medical records at 10:00 a.m. on December 20, 2005 is a nursing note that RR had not slept all night, had taken four ibuprofen tablets during the night, felt like he was going to have a stroke, and his left arm went numb. The nurses also noted a positive family history of hypertension and that RR arrived to the health unit in a wheelchair holding his stomach and head with increased blood pressure of 162 over 104. Two EKGs were read as normal. After the second

EKG the nurses called Respondent, who was at a different unit in the prison. Respondent gave a telephone order to alternate Tylenol and ibuprofen. Respondent believed RR was in a significant amount of pain and had a great deal of anxiety. Respondent sees elevated or fluctuating blood pressure in people who are recently incarcerated. RR was in a lot of pain and had been vomiting and his initial blood pressures were in the normal range. Respondent ordered Catapres to bring RR's blood pressure down, Nubain for pain, Vistaril to compensate for the emetic effects the narcotic would have, and recommended repeat blood pressure checks. RR remained at the health unit under Respondent's order with the nurses watching him for approximately two and one half to three hours.

8. At 10:40 Respondent ordered Clonidine to bring down RR's pressure; at 10:55 he ordered Catapres; and at 11:00 he ordered Clonidine. At 11:15 RR's blood pressure was 178 over 110 and the nurse noted he complained he was unable to get up, his head was still hurting and he just wanted to lay there. The nurse requested a urinalysis and RR was unable to give a sample. RR's pressure was 170 over 106 and Respondent ordered him back to his unit. Respondent did not believe RR was in a hypertensive crisis and had ordered Inderal to lower his blood pressure and as a migraine prophylaxis because his primary physician had diagnosed vascular headaches of increasing frequency. At this time Respondent believed RR was having a migraine headache or a vascular headache induced by the stress of his location. When patients are over thirty-five when they have their first migraine headache the recommendation is to get a CT of the head. Respondent was aware Dr. V had ordered this study.

9. At 4:00 a.m. a corrections officer noted RR was unresponsive and called the nurses down to his cell to evaluate him. The nurses found RR able to sit up and move around, responsive to pain, and moaning. The record reflects RR was on his bed moaning, had vomited in the trash can beside the bed, and repeatedly stated his head hurt. RR was then transferred to the health unit. When Respondent arrived at the health unit this information was all in the record.

Respondent believed RR was not unresponsive in terms of the classical coma scale. Faced with RR who complained of a brain tumor and headaches for three months who was holding his stomach and vomiting Respondent believed RR's decreased response to the corrections officer was caused by the sedative medication and pain reliever and the vomiting was caused by the narcotics. In essence, Respondent believed RR's symptoms were a result of the medications prescribed.

10. RR's blood pressure had gone up to 198 over 100 (Respondent believed it was because of the stomach pain and vomiting) and RR's pulse rate was going down. Respondent was worried that he was seeing the Cushing reflex – increasing blood pressure and decreasing pulse. In the chart the nurses noted RR's left pupil was constrictive and non-reactive to light and the right pupil was slow and sluggish. At this point Respondent did a directed focused neurological examination to get his own impression of what was occurring because neurological abnormalities combined with headache and vomiting give him a very high index of suspicion for increased intracranial pressure. Respondent did not see a nonresponsive pupil and noted the pupils to be equal and round, small but reactive. Patients who have been given narcotics will have constricted pupils. Respondent's diagnosis was cephalalgia etioloigy (headache, nonspecific). Respondent saw nothing to indicate a need for an emergent CT scan – RR's pain was not thunderclap onset, it was slower onset; he had clear periods between the headaches; pain did disappear previously with sleep; his description of where the pain was located changed during the times Respondent examined him and was multifocal or shifting; there were no associated systemic or neurological findings; there were no extraocular movements; his gaze was conjugate; and his pupils were responsive.

11. Respondent claimed to have performed a fundoscopic examination to determine whether or not there was increased intracranial pressure, but he did not document the examination. On a fundoscopic examination Respondent would have been able to determine

whether RR had papilledema and hemorrhages in the fundi. Respondent's orders for RR were to give him medication for the pain so he could sleep through the night and medication to lower his blood pressure so he could be given a therapeutic trial of migraine specific medications at a later time. Respondent ordered RR be brought back in the morning to see how he was doing. If RR had presented the next day in the same condition Respondent would have had an increased reason to move him to an acute care facility.

12. Although RR presented with severe headache that was getting more severe, his blood pressure was going sky high and his pulse was down, and he was over thirty-five, Respondent did not believe the CT scan was necessary that night because RR's pulse rate had not been progressively decreasing and, when he followed later vital signs, RR's pulse rate had increased. Respondent believed for RR to go out that night and get the CT scan he would have been taken by helicopter in belly chains with the corrections officers along with him. Respondent's preferred method was what was easiest on the patients and for people who may be in the emergency room when the prisoner arrives and that is a direct admit where a room is set aside for the inmate and he is transported by vehicle.

13. If Respondent had seen RR in a private setting he would have ordered a CT scan be scheduled at RR's most reasonable request and would have given him pain medications. Respondent would not have admitted RR that night based on the findings he had when he completed the examination. Respondent would have given RR instructions to call him back if he noticed numbness, double vision, slurred speech, or stumbling. If these symptoms presented Respondent would know there were neurological changes and his index of suspicion would have been higher. The Cushing reflex is a very late sign and by the time it happens patients are beginning to herniate. The one additional sign or symptom that would have caused Respondent to send RR to the hospital by any means possible was his conjugate – anything having to do with his ocular findings, abnormal neurological ocular findings.

14. The standard of care required Respondent to recognize and properly assess the patient's condition by performing a complete neurological examination and to arrange timely intervention and treatment of the patient's condition.

15. Respondent deviated from the standard of care by failing to recognize and properly assess the patient's condition by performing a complete neurological examination and failing to arrange timely intervention and treatment of the patient's condition.

16. If RR's intracranial lesion was treatable, the delay in diagnosis could have caused unnecessary harm.

CONCLUSIONS OF LAW

1. The Arizona Medical Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The Board has received substantial evidence supporting the Findings of Fact described above and said findings constitute unprofessional conduct or other grounds for the Board to take disciplinary action.

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient of the public.").

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED:

1. Respondent is issued a Letter of Reprimand for failing to perform an adequate neurological examination, failure to properly address neurologic complaints and symptoms in a patient with gliomatosis cerebri, and failure to arrange for appropriate emergency intervention.

2. Respondent is placed on probation for one year with the following terms and conditions:

a. Respondent shall obtain 20 hours of Board Staff pre-approved Category I Continuing Medical Education ("CME") in the diagnosis of intracranial lesions such as brain tumors and hemorrhages. Respondent shall provide Board Staff with satisfactory proof of attendance. The CME hours shall be in addition to the hours required for biennial renewal of medical license. The probation will terminate when Respondent supplies proof of course completion that is satisfactory to Board Staff.

b. Respondent shall obey all federal, state, and local laws and all rules governing the practice of medicine in Arizona.

c. In the event Respondent should leave Arizona to reside or practice outside the State or for any reason should Respondent stop practicing medicine in Arizona, Respondent shall notify the Executive Director in writing within ten days of departure and return or the dates of non-practice within Arizona. Non-practice is defined as any period of time exceeding thirty days during which Respondent is not engaging in the practice of medicine. Periods of temporary or permanent residence or practice outside Arizona or of non-practice within Arizona, will not apply to the reduction of the probationary period.

RIGHT TO PETITION FOR REHEARING OR REVIEW

Respondent is hereby notified that he has the right to petition for a rehearing or review. The petition for rehearing or review must be filed with the Board's Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for rehearing or review must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

Respondent is further notified that the filing of a motion for rehearing or review is required to preserve any rights of appeal to the Superior Court.

DATED this 10th day of August 2007.

THE ARIZONA MEDICAL BOARD

By _____
TIMOTHY C. MILLER, J.D.
Executive Director

ORIGINAL of the foregoing filed this 10th day of August, 2007 with:

Arizona Medical Board
9545 East Doubletree Ranch Road
Scottsdale, Arizona 85258

Executed copy of the foregoing mailed by U.S. Mail this 10th day of August, 2007, to:

Byrl R. Lane
1839 South Alma School Road – Suite 354
Mesa, Arizona 85210-3050

John P. Wohler, M.D.
Address of Record

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